

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585,919

FILING DATE

7-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	Article 19		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		1	1	1	1	1	1
1	1	1	1	1	1	1	51						
2	1	1	1	1	1	1	52						
3	1	1	1	1	1	1	53						
4	1	1	1	1	1	1	54						
5	1	1	1	1	1	1	55						
6	1	1	1	1	1	1	56						
7	1	1	1	1	1	1	57						
8	1	1	1	1	1	1	58						
9	1	1	1	1	1	1	59						
10	1	1	1	1	1	1	60						
11	1	1	1	1	1	1	61						
12	1	1	1	1	1	1	62						
13	1	1	1	1	1	1	63						
14	1	1	1	1	1	1	64						
15	1	1	1	1	1	1	65						
16	1	1	1	1	1	1	66						
17	1	1	1	1	1	1	67						
18	1	1	1	1	1	1	68						
19	1	1	1	1	1	1	69						
20	1	1	1	1	1	1	70						
21	1	1	1	1	1	1	71						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	2	2	2	2	2							
TOTAL DEP.	20	20	20	20	20	20							
TOTAL CLAIMS	22	22	22	22	22	22							